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to a collection of information unless it displays a valid OMB control number.

	PAT	ENT APPL		N FEE DETE	ON RECORD	RECORD		Application or Docket Number		
		VPPLICATION (C	i AS FILL	ED – PART I (C)	SMALL ENTITY		OR	OTHER THAN OR SMALL ENTITY		
FOR			NUMBER FILED		ER EXTRA	RATE (S)	FEE (\$)		RATE (\$)	FEE (\$)
BASIC FEE (37 CFR 1.16(a), (b), or (cf)		(ci)	N/A		N/A	N/A	150	1	N/A	
SEARCH FEE (37 CFR 1.16(k), (8), or (10))			N/A		N/A	NA	250		· · N/A	
EXAMINATION FEE (37 CFR 1.16(a), (p), or (q))			N/A .		N/A	N/A	.100	1.	N/A	
TOTAL CLAIMS (37 CER 1.16(1))		11	minus 20 =		• • • • •	x =		OR	x ·	. :
100	EPENDENT CLA	MAS)	minus S		·	x -		"	x =	
13"	CPR 1.10(19)		ecification	and drawings	╽╠╌╌┋					
APPLICATION SIZE sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each									,	·
(37	CFR 1.16(s))	addition	al 50 shee	its or fraction th	neréof. See					
35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(b)						. NA			N/A	
* If the difference in column 1 is less than zero, enter *0* in column 2:						TOTAL	500		TOTAL	
·	APPLICATION AS AMENDED - PART II									
	_		, will to				OR OTHER THAN			
////6/ _{0.6} (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST						SMALL	SMALL ENTITY		SMALL ENTITY	
AMENDMENT A		REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE (\$)	ADDI- TIONAL FEE (5)		RATE (\$)	ADDI- TIONAL FEE (6)
	Total (37 CFR 1.18(9)	6	Minus	20	•	x =		OR	х •	
	Independent (17 CFR 1.16(t))	• ./	Minus	3	•	. x =		OR	.X =	
	Application Size Fee (37 CFR 1.15(s))							.		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (87 CFR 1,1800)					N/A		OR	NA	
						TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	·
į	•	(Column 1)		(Column 2)	(Column 3)	•		• .		
		CLAIMS REMAINING		HIGHEST	PRESENT		ADDI-	1 .		
18		AFTER AMENDMENT		PREVIOUSLY PAID FOR	EXTRA	RATE (\$)	TIONAL FEE (\$)		RATE (\$)	ADDI- TIONAL FEE (\$)
AMENDMENT	Total CO CFR 1.10(2)	•	Minus	*	•	x =	122.197	OR :	X .	1 (1)
	Independent G7 CFR 1.1000)	•	Minus	****	•	x •	- :	OR		
	Application Size Fee (37 CFR 1.16(tr))							. ~		
A	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (97 CFR 1.160)					Ņ		OR	N/A	
						TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										
" If the 'Highest Number Previously Paid For' IN THIS SPACE is less than 20, enter "20". "" If the 'Highest Number Previously Paid For' IN THIS SPACE is less than 3, enter "3". The 'Highest Number Previously Paid For' (Total or Independent) is the Whitest number from In the sharonstate box in critical in the sharonstate box in the sharonstate bo										

Interruptes number Previously Plad For (I local or independent) is the ingress number found in the appropriate box in column 1. This collection of information is required by 37 CFR 1.16. The information is required to obtain or restain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form end/or suggestions for reducing this burden, should be sent to the Chief information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SENID FEES OR COMPLETED FORMS TO THIS ADDRESS. SENID TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.